

City of North Miami

SHUTTER PERMIT SUBMITTAL REQUIREMENTS

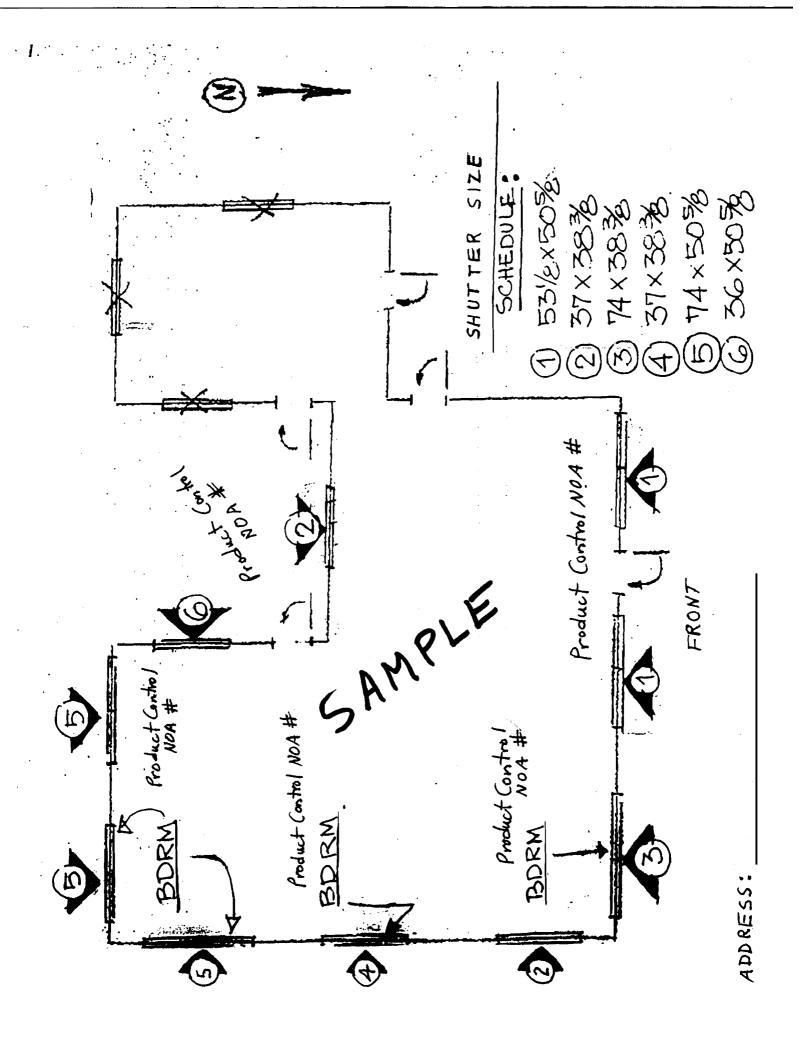
CHECKLIST

_	rform a uniform and consistent review of shutter permit applications, as a minimum, the cuments are required to be submitted:
1.	Complete permit application.
2.	In accordance with the Product Control Notice of Acceptance, submit two (2) copies of the following:
a.	Product Control Notice of Acceptance for each proposed shutter,
b.	Highlight size and attachment,
c.	Completely dimensioned elevation drawing showing size and location, including height above grade of openings to receive shutter, mean roof height, length and width of building.
3.	For <u>each</u> opening shown on the elevation drawing, indicate the Product Control Notice of Acceptance (NOA) number for the proposed shutter and size.
4.	For each opening shown on the elevation drawing, indicate the calculated negative and positive wind pressures in accordance with ASCE-7-98 (required for 3 stories or more).
5.	For each opening shown on the elevation drawing, indicate impact resistance device (shutter typeaccordion, etc.), which must comply with FBC 2004 HVZ.
6.	Any modification that requires rational analysis to the product control must be approved by Chief Code Compliance Officer.
7.	Condominiums and townhouses require Association approval.

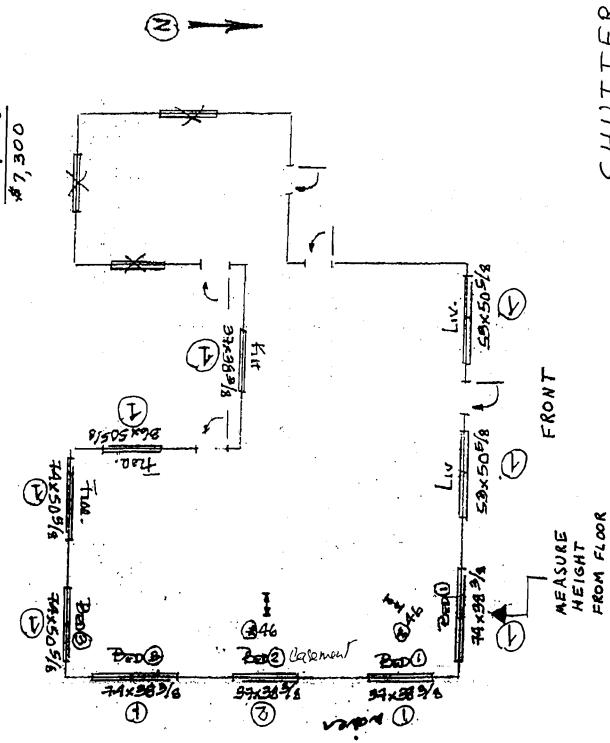
PERMIT APPLICATION FOR MUNICIPALITIES OF DADE COUNTY (NORTH MIAMI)

Date	Job Ad	dress		Tax Folio				
Legal Descripti	ion			Master Permit #				
Owner				Tenant				
Owner's Addre	ess			Day-Time	Phone			
Contracting Co),			Address				
Qualifier	Qualifier				Phone			
Architect/Engine Bonding Comp	neer oany	<u>-</u>	ncy #	Address	s. Co.			
Permit Type:	ROOFING	BUILDING	ELECTRICAL	PLUMBING	MECHANICAL	PAVING		
	FENCE	SIGN	DOCK	PAINT	SHED	POOL		
		a permit to do work g, & Mechanical wo		dicated. I understand tha	at separate permits are re	quired for Electrical,		
WORK DESC	RIPTION:	Circle One of the	he following:	COMMERCIAL	RESIDENTIAL			
RESULT IN Y CONSULT WI DEVICE PER PUBLIC WOR OWNER'S AF	OUR PAYING T ITH YOUR LEN MIT AND CER EKS DEPT. AT (3 FIDAVIT: I cert	WICE FOR IMPR DER OR AN ATTO FIFICATION TES 305) 787-1001 OR ify that all the fore	OVEMENTS TO Y ORNEY BEFORE F ST MAY BE REQU VISIT THEIR OFF going information is	COMMENCEMENT A COUR PROPERTY. IF Y RECORDING THE NOT URED IN ACCORDANC ICE AT 1815 NE 150 ST Caccurate, and that all we horize the above-named	YOU INTEND TO OBTAINED. PICE. A BACKFLOW INTERPORT OR BETTE OR BE	AIN FINANCING, PREVENTION E #825. CALL THE		
Signature of Property Owner or Condo President			_	Signature of Contractor				
ADMINISTERED OATH SWORN TO & SUBSCRIBED BEFORE ME THIS DAY OF, 200			S	ADMINISTERED OATH SWORN TO & SUBSCRIBED BEFORE ME THIS DAY OF, 200				
Signature of NOTARY to Onwer/Condo President				Signature of NOTARY to Contractor				
(Print, Type, or Stamp Commissioned Name)				(Print, Type, or Stamp Commissioned Name)				
Personally Kno	own or Pr	oduced I.D		Personally Known	or Produced I.D			
Type of I.D. pr	oduced		_	Type of I.D. produced _				
FEE	Zonii	ng	Building _		Electrical			
	Mech	nanical	Plumbing		Engineering			

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE RECEIVED. APPLICATION AND ALL ATTACHMENTS WILL BE DESTROYED AFTER THAT DATE IF PERMIT IS NOT ISSUED.



ADDRESS:



SAMPLE



DESIGN WIND LOADS (LBS/SQFT)

Kd = 1.00

FLORIDA BUILDING CODE 2001

ASCE 7-98 WIND CODE

FOR 146 MPH ZONE

Interior & Exterior	Zones (485 - 1	Walls) Positi	ve Pressures			
Exposure C	For the		mph Wind Z			
		Effective W	ind Area (or, Tr	ibutary Area)	in Square Feet	
Height .	10	`20	30	40	50	60
(Maximum)	1.00	0.95	0.92	0.89	0.86	0.86
(15	54.7	52.3	50.8	49.8	49.0	48.4
20	58.0	55.3	53.8	52.7	. 51.9	51.2
25	60.5	57.8	56.2	55.1	54.2	53.5
30	63.1	60.3	58.6	57.4	56.5	55.8
40	61.0	64.0	62.2	60.9	60.0	59.2
50	70.2	67.0	65.2	63.9	62.8	620
60	72.8	69.5	67.6	66.2	65.2	64.3

•	Walls) Negative					
Exposure C	For the	146	mph Wind Zo		· · · · · · · · · · · · · · · · · · ·	
		Effective W	ind Area (or, Tri	ibutary Area <u>)</u> i	n Sq <u>uare Feet</u>	· · ·
Height	10	20	30	40.	50	60
(Maximum)	-1.10	-1.05	-1.02	-0.99	-0.98	-0.96
_ (15) ·	-59.4	-56.9	-55.5	-54.4	-53.6	-53.0
20	-62.9	-60.3	-58.7	-57.6	-56.8	-56.1
25	-65.7	-62.9	-61.3	-60.2	-59.3	-58.6
30	-68.5	-65.6	-63.9	-62.8	-61.9	-61.1
40	-72.6	-69.6	-67.9	-66.6	-65.6	-64.8
50	-76.1	-73.0	-71.1	-69.8	-68.8	-68.0
60	-78.9	-75.7	-73.7	-72.4	-71.3	-70.5

Exposure C	For the	146	mph Wind Zo		· · · · · · · · · · · · · · · · · · ·	
	i .	Effective vv	ind Area (or, Tri	ibutary Area) i	n Square Feet	
Height	10	20	30	40	50	60
(Maximum)	-1.40	-1.29	-1.23	-1.19	-1.15	-1.13
15	C-7338	-68.4	-65.5	-63.4	-61.8	-60.5
20	-77.6	-72.4	-69.3	-67.2	-65.5	-64.1
25	-81.0	-75.6	-72.4	-70.1	-68.4	-66.9
30	-84.5	-78.8	-75.5	-73.1	-71.3	-69.8
40	-89.7	-83.6	-80.1	-77.6	-75.7	-74.1
50	-94.0	-87.7	-84.0	-81.3	-79 3	-77.5
60	-97.4	-90.9	-87.0	-84.3	-82.2	-80.5

Length of End Zone (a): 10% of least horizontal dimension or .4 h, whichever is smaller, but not less than 4% of least horizontal dimension or 3 ft. (h = mean roof height in feet)/

AN 8% REDUCTION OF LOADS SHOWN ABOVE MAY BE TAKEN FOR FLAT ROOFS

SAMPLE

HOMEOWNER'S ADDRESS: NORTH MIAMI, FLORIDA ZIP NAME: 67 × 92 142×84 SLIDING SLIDING GLASS BLOG HEIGHT: 15 ft. 150×53 NOTE: A RON SAMPLE

OWNER-BUILDER AFFIDAVIT

STATE OF FLORIDA)	
) SS: COUNTY OF MIAMI-DADE)	
BEFORE ME, the undersigned authority, this day personally appe	eared
who, being by me first duly sworn, deposes and says that he is qu	(Owner's Name) alified to do, and he will do the
(Description of Work)	
himself, or with the assistance of a qualified person or persons, or	n the building or premises located at:
(Address)	
The undersigned also affirms that he is the owner of the produced on the form of the form of the Florida Building Code and the Ordinances of the mormally assumed by the licensed Contractor are hereby assumed be maintained for workmen's compensation.)	resale, and that this work will conform to the the City of North Miami. The responsibilities
(Owner's signature)	
Administered Oath []	
Sworn to and subscribed before me this day of	, 20
Notary Public, State of Florida	Personally Known [] or Produced I.D. []
	Type of I.D. Produced:
(Print Type or Stamp Commissioned Name)	• •

DISCLOSURE STATEMENT

State law requires construction to be done by licensed contractors. You have applied for a permit under an exemption to that law. The exemption allows you, as the owner of your property, to act as your own contractor with certain restrictions even though you do not have a license. You must provide direct, onsite supervision of the construction yourself. You may build or improve a one-family or two-family residence or a farm outbuilding. You may also build or improve a commercial building, provided your costs do not exceed \$25,000. The building or residence must be for your own use or occupancy. It may not be built or substantially improved for sale or lease. If you sell or lease a building you have built or substantially improved yourself within 1 year after the construction is complete, the law will presume that you built or substantially improved it for sale or lease, which is a violation of this exemption. You may not hire an unlicensed person to act as your contractor or to supervise people working on your building. It is your responsibility to make sure that people employed by you have licenses required by state law and by county or municipal licensing ordinances. You may not delegate the responsibility for supervising work to a licensed contractor who is not licensed to perform the work being done. Any person working on your building who is not licensed must work under your direct supervision and must be employed by you, which means that you must deduct F.I.C.A. and withholding tax and provide workers' compensation for that employee, all as prescribed by law. Your construction must comply with all applicable laws, ordinances, building codes, and zoning regulations.

OWNER-BUILDER AFFIDAVIT

DATE:	
FROM:	
	License #
TO:	City of North Miami 12400 NE 8 Avenue North Miami, FL 33161 ATTN: Mr. John Jackson
Sir:	
	confirm that we shall not employ any workers on the following listed project other than myself censed and insured subcontractors.
Project Descri	ption:
Project Location	on:
	North Miami, FLZIP
Signature	
ADMINISTEI SWORN TO &	RED OATH & SUBSCRIBED BEFORE ME THIS DAY OF, 200
Signature of N	OTARY Print, Type, or Stamp Commissioned Name
Personally Kn	own or Produced I.D Type of I.D. produced